MDR: M4-02-4890-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of $200.00 for date of service, 05/07/02.

   b. The request was received on 08/05/02.

II. EXHIBITS

1. Requestor, Exhibit I:

   a. TWCC 60 and Letter Requesting Dispute Resolution
   b. HCFA(s)
   c. EOB/TWCC 62 forms/Medical Audit summary
   d. Medical Records
   e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

2. Respondent, Exhibit II:

   a. TWCC 60 and Response to a Request for Dispute Resolution
   b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 09/03/02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 09/04/02. The response from the insurance carrier was received in the Division on 09/09/02. Based on 133.307 (i) the insurance carrier's response is timely.

4. Notice of a Letter Requesting Additional Information is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 08/30/02

   "…this is the code that appropriately identifies the amount of work done and is the most correct code for the anesthetic portion of the facet procedure. It would be cruel and inhuman to perform this procedure without anesthesia and it should not be considered global to the procedure. Anesthesia can not be considered global because it is a separate procedure. As you can see This [sic] procedure is necessary for the procedure to be carried out properly. If you refer to page one of the operative report, paragraph one states, 'IV sedation was established with 1 mg of Versed. The patient was also given 75 mg of Demerol and 25 mg of Phenergan IM 30 minutes prior to the procedure.' Please refer to the anesthesia record for this patient."

2. Respondent: Letter dated 09/09/02

   "As to what Carrier believes is the substance of the claim, CPT Code 01999 on DOS 5/7/02, it would make the following points. Anesthesia is part of the global fee for the procedure in question, absent documentation to the contrary. Also, the provider has failed to present the minimum information required to validly bill for this service as a separate item under the provisions of the Anesthesia Ground Rules, Section VI.A.2. and 3."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 05/07/02.

2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.

3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier $200.00 for services rendered on the date of service in dispute above.

4. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor $0.00 for services rendered on the date of service in dispute above and denied any additional reimbursement as "F –This service is included in another service performed on the same day."

5. Per the Requestor's Table of Disputed Services, the amount in dispute is $200.00 for services rendered on the date of service in dispute above.

6. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MAR$	REFERENCE	RATIONALE:
05/07/02	01999	$200.00	$0.00	F	DOP	MFG, Anesthesia Ground Rules (V) (D); SGR (II) (A); CPT Descriptor	The carrier has denied the charges in dispute as "F –This service is included in another service performed on the same day." The injection billed on the same day is a starred procedure and therefore the global fee concept cannot applied. The provider has submitted medical documentation to support services rendered using the appropriate separate "unlisted procedure" CPT code; therefore, reimbursement of $200.00 is recommended.
Totals		$200.00	$0.00				The Requestor **is** entitled to reimbursement in the amount of **$200.00**.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit $200.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 8th day of January 2003.

Denise Terry, R.N.
Medical Dispute Resolution Officer
Medical Review Division

DT/dt